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 Internet:  
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**STATE USE ONLY**

## Neighborhood Assistance Program FY2006 Application (Section 32.100, 32.115, RSMo)

Applicant (Official or Legal Name)		NAICS*	MITS/MO ID No.	FEIN
Project Title		**Project Location (Street, City, County, 9-digit ZIP Code)		
Contact Person/Project Administrator (First Name, Last Name, Title)				
Mailing Address (Street Address, P.O. Box, City, State, 9-digit Zip Code)				
Day Phone (include extension) ( )	Fax Number ( )		E-mail Address	
Agency Director (First Name, Last Name, Title)		Day Phone (include extension) ( )		
Proposed Project Period (Please circle one) 12 Months      24 Months      36 Months  The project period is the timeframe in which all activities, i.e. fund-raising, service delivery, expenditures, and/or construction, related to the proposed project will be completed, excluding the required final audit and project evaluation.		Project Type (Choose only one)  <input type="checkbox"/> Service Delivery  <input type="checkbox"/> Capital Campaign		
<p>*NAICS – North American Industry Classification System. The Federal Office of Management and Budget (OMB) adopted the NAICS as the industry classification system used by the statistical agencies of the United States. NAICS replaces the 1987 Standard Industrial Classification (SIC). The NAICS is used for classifying business establishments to assist with gathering data related to measuring productivity, unit labor costs, and the capital intensity of production, employment and other information. Missouri businesses are assigned a NAICS when the company files a “Report to Determine Liability Status” with the Missouri Department of Labor and Industrial Relations, Division of Employment Security to determine Unemployment Tax Liability. Normally, a general business employer becomes liable for the tax and responsible for providing unemployment insurance for its workers when it:</p> <ul style="list-style-type: none"> <li>• Pays \$1,500 in wages (cash and in-kind) in a calendar quarter, or</li> <li>• Has an employee in some portion of a day in each of 20 different weeks, or</li> <li>• Becomes liable under the Federal Unemployment Tax Act (FUTA) and employs a worker in Missouri, or</li> <li>• Acquires and continues without interruption substantially all the business of a liable employer.</li> </ul> <p>**Provide information in regards to the physical location where your project takes place. If your project takes place at more than one site, submit the addresses for all sites (street, city, county, 9-digit zip). You may find the 9-digit zip by accessing: <a href="http://www.usps.com">www.usps.com</a> and clicking on "Find Zip Codes."</p>				
Which category does your project qualify under primarily? Choose only one. (See guidelines, page 7-8)				
<input type="checkbox"/> Community Services	<input type="checkbox"/> Crime Prevention	<input type="checkbox"/> Job Training		
<input type="checkbox"/> Education	<input type="checkbox"/> Physical Revitalization			

Mark the eligibility category for your organization. Choose only one.

- ☐ Incorporated in the state of Missouri as a domestic not-for profit corporation under Chapter 355 RSMo on the following date: \_\_\_\_\_. Attach your Articles of Incorporation
- ☐ Incorporated under the laws of another state and allowed to operate in Missouri as a foreign not-for-profit corporation under Chapter 355 RSMo on the following date: \_\_\_\_\_. Attach your Articles of Incorporation.
- ☐ Not incorporated separately but operating as a local chapter, branch, or division of the following “parent” organization (see guidelines for specific requirements). Attach parent organization’s Articles of Incorporation.

Parent Organization		
Street Address		
City	State	Zip
Contact	Title	
Day Phone	Fax	

- ☐ Business operating in Missouri. Attach your Articles of Incorporation.
- ☐ Tax Exempt 501(c)(3) status with the Internal Revenue Service (IRS) – Attach a copy of your tax exempt letter from the IRS and Articles of Incorporation.

#### PRIORITY AREAS IMPACTED BY THE PROJECT

Check any that apply. All items must be supported by narrative in the proposal.

- ☐ Directly impacts NAP Outcomes      ☐ Creating/Retaining Jobs      ☐ New/Renovated Facilities

#### PROJECT PROFILE – Capital Campaign Only

1. Describe the proposed project. Give details about the construction, renovation, or property acquisition. What services will the agency provide once the facility, renovation, or property acquisition is completed?
2. Why is this facility needed? Will it improve the health/safety of the participants? Is there a need to expand? How do you know this is a real need rather than a perceived need? To what extent have these customers been involved in planning the project (i.e. surveys, community meetings, etc.)? Is this project part of a community plan?
3. Where is the nearest similar facility? Do your participants have access to the other facility?
4. How many daily/monthly/annual participants are expected? How did you arrive at these numbers? What are the characteristics of the targeted customers (i.e. age, gender, education level, income level, etc.)? Define the geographical service area. If applicable, find census data information at the following website:  
[www.oseda.missouri.edu](http://www.oseda.missouri.edu)
5. List and discuss the milestones (steps) your agency must complete in order for the project to be successful, including fund raising, construction, occupancy and when you will be at full capacity. (Note: Refer to pages 19-20, “Project Milestones,” of the application instructions.)

#### PROJECT PROFILE – Service Delivery Only

1. Describe the services the project will offer the targeted participants, the key features of the project and the Comparative advantages over the other projects in the area that target the same population and offer the same services.
2. Define the number and characteristics of the participants the project will serve (i.e. number, age, gender, education level, income level, etc.). Define the geographical service area. If applicable, find census data information at the following website: [www.oseda.missouri.edu](http://www.oseda.missouri.edu).
3. Discuss how this project meets the community and customers’ needs. How is this project part of a community plan? How do you know this is a real need versus a perceived need? To what extent have customers been involved in planning the project (i.e. surveys, community meetings, etc.)?

4. List and discuss the outcomes for your proposed project. (Note: Refer to pages 18-19, “Project Outcomes,” of the application instructions.) Explain why you have chosen these outcomes, their relevance to your target participants and what your organization will do to impact these outcomes.
5. List and discuss the performance targets for each outcome the agency is committed to achieving. Discuss Why you have chosen these targets rather than setting higher or lower targets. (Note: Refer to page 18-19, “Performance Targets,” of the application instructions.)
6. State how you will verify the extent to which your performance targets have been accurately measured and achieved. Discuss the evaluation tools, how often the evaluation will take place and who will report and collect the data. (Note: Refer to page 19, “Project Verification,” of the application instructions.)
7. List and discuss the milestones your target population must achieve to successfully meet the performance Targets. (Note: Refer to pages 19-20, “Project Milestones,” of the application instructions.)

#### ADMINISTRATIVE CAPACITY – All Projects

1. Discuss your agency’s history and other services offered. Summarize two of your agency’s past projects that are most similar to the proposed NAP project and the extent to which you achieved specific results.
2. Profile the key individuals who have the most responsibility for making this project successful, connecting it to the targeted population and achieving performance targets. This should include direct program staff. What are the key roles in the organization and implementation of the project and their relationship to the participants. Focus on energy, capacity and commitment. (Note: Refer to page 20, “Energy,” “Capacity,” and “Commitment,” in the application guidelines.)
3. Discuss outside organizations or individuals you partner with and their roles in carrying out the proposed project.
4. Discuss the fund raising plan for this project. Who will be involved in fund raising? To whom will your agency market the tax credits? What is the timeline for fund raising? What other resources is your agency committing to this project?
5. Explain how your proposed NAP budget relates to your project and/or outcomes.
6. If NAP will only be used to support a portion of the cost of the proposed NAP project, identify other sources of support, including state or federal, that will be used to pay the cost of the project.
7. Explain how the proposed NAP project will be supported/maintained once the NAP contract has expired. Will there be fees associated with the programming? How are you diversifying your funding sources?, etc.

## NAP BUDGET PAGE

<b>Budget Category</b> (Note: Refer to <u>page 20-22</u> of the application instructions.)	<b>NAP Budget</b>	<b>Amount From Other Sources</b>
<b>Salaries</b>		
<b>Contract</b>		
<b>Travel</b>		
<b>Equipment</b>		
<b>Supplies</b>		
<b>Building Space</b>		
<b>Construction</b>		
<b>Property Acquisition</b>		
<b>Other Costs</b>		
<b>TOTAL—(NAP BUDGET MAY NOT EXCEED \$500,000)</b>		
<b>CREDITS REQUESTED—50% or 70%</b>		

## CURRENT EXECUTIVE BOARD MEMBERS

*Please be advised DED staff will contact one or more of these Board members to discuss their role on the Board and their general level of support for and knowledge of this application. (Make copies of this form if necessary.)*

NAME	DAY PHONE
BOARD POSITION	OCCUPATION
RESIDENT OF PROJECT AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO	CURRENT BOARD TERM (From <u>mo./yr.</u> to <u>mo./yr.</u> )
NAME	DAY PHONE
BOARD POSITION	OCCUPATION
RESIDENT OF PROJECT AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO	CURRENT BOARD TERM (From <u>mo./yr.</u> to <u>mo./yr.</u> )
NAME	DAY PHONE
BOARD POSITION	OCCUPATION
RESIDENT OF PROJECT AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO	CURRENT BOARD TERM (From <u>mo./yr.</u> to <u>mo./yr.</u> )
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NAME	DAY PHONE
BOARD POSITION	OCCUPATION
RESIDENT OF PROJECT AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO	CURRENT BOARD TERM (From <u>mo./yr.</u> to <u>mo./yr.</u> )

# LETTERS OF SUPPORT

*Please be advised that NAP staff may contact one or more of the persons listed below to verify their support for this project. Letters of support will only be accepted as part of the application at the time of submittal. Please do not ask persons writing support letters to send them to DED independent of the application.*

Instructions:

- 1. A minimum of three letters of support must be submitted.
- 2. Attach a letter from each individual, organization or institution identified in your proposal as supporting, participating or cooperating with you in any way to achieve your stated outcomes.
- 3. Letters should refer specifically to the proposed project, rather than a general letter of support, and refer to specific items your partner organization has committed to doing in support of your project.
- 4. The letters must be dated within six (6) months of submittal.

Name	Organization	Title or Position

## LOCAL GOVERNMENT CERTIFICATION

By law, all projects require a local government certification before NAP approval can be given by the Department of Economic Development. **Applicants that do not submit a local government certification will be ineligible for the Neighborhood Assistance Program in fiscal year 2006.** The Local Government Certification form included in your application packet must be used for this purpose. A cover transmittal letter from the NAP Coordinator is also included for your use.

NAP applicants will obtain a Local Government Certification from the city in which the project will take place. If the proposed project involves the provision of services in more than one county or municipality, the endorsement shall come from the municipality where the primary service site is located. In the event that the project does not take place in an incorporated area, the endorsement must be obtained from the presiding body of the county. Current contacts for some of the larger areas of the state are shown below:

### **Cape Girardeau**

Office of the City Planner  
Attn: Kent Bratton  
401 Independence, Box 617  
Cape Girardeau, MO 63702  
(573) 334-8326

### **Greene County**

Mr. Dave Coonrod  
Presiding Commissioner  
933 N. Roberson  
Springfield, MO 65802  
(417) 868-4112

### **St. Charles County**

Ms. Anne Klein  
Director of Policy  
100 North 3<sup>rd</sup> Street  
St. Charles, MO 63301  
(636) 949-7520

### **Columbia**

Mr. Ray Beck  
City Manager  
701 E. Broadway, Box 6015  
Columbia, MO 65205  
(573) 874-7214

### **Springfield**

Mr. Ralph Rognstad  
Dept. of Planning & Development  
840 Boonville Street, Box 8368  
Springfield, MO 65802  
(417) 864-1037

### **St. Joseph**

Mr. Clint Thompson  
Community Development Mgr.  
1100 Frederick Ave., Room 405  
St. Joseph, MO 64501  
(816) 271-4787

### **Independence**

Ms. Janet Goucher  
Dept. of Community Development  
111 E. Maple  
Independence, MO 64050  
(816) 325-7396

### **Kansas City\***

Ms. Renea Nash  
Neighborhood Assistance Center  
City Hall  
Kansas City, MO 64106  
(816) 513-3214 (direct line)  
(816) 513-3200 (switchboard)  
(816) 513-3201 (fax)

### **St. Louis City**

Planning & Urban Design  
Attn: Don Roe, Deputy Director  
1015 Locust, Suite 1100  
St. Louis, MO 63101  
(314) 622-3400

### **St. Louis County**

Community Development  
Dept. of Planning  
Attn: Phil Minden  
121 South Meramec, Suite 444  
Clayton, MO 63105  
(314) 615-2986

#### **\*Attention Kansas City Applicants:**

**The city of Kansas City requires the submission of additional information with the required NAP form. For the detailed information about the K.C. certification process and a list of supplemental questions, please contact Renea Nash at the address and phone number listed above. All requests for certification must be received at the K.C. City Hall by March 1, 2005.**

**LOCAL GOVERNMENT CERTIFICATION**

**NEIGHBORHOOD ASSISTANCE PROGRAM**

**Section I. Purpose and Use of this Form**

Law (32.110 RSMo) requires a local government certification of all projects submitted to the Department of Economic Development, Neighborhood Assistance Program (NAP). All applicants as part of their proposal must submit this completed certification form.

**APPLICATIONS WILL NOT BE ACCEPTED WITHOUT A SIGNED AND COMPLETED LOCAL GOVERNMENT CERTIFICATION.**

Applicants are asked to complete Sections II., III., IV., and V. of this form before forwarding to the appropriate government authority (please see instructions in the Neighborhood Assistance Program Application, Attachment C.) Local governments must complete section VI, and may, at their discretion, require supporting documentation and/or a copy of the actual NAP proposal as a condition for certification. Such requests should be directed to the applicant, NOT the Department of Economic Development.

This form does not signify approval of a proposed NAP project by the local unit of government. This form serves only to certify that the proposed NAP project is not in conflict with the existing plans and ordinances approved, enacted or enforced by the local unit of government.

**Section II. Application Information**

LEGAL NAME OF AGENCY SPONSORING PROPOSED NAP PROJECT

OFFICIAL AGENCY ADDRESS

NAP CONTACT PERSON/TITLE

DAYTIME TELEPHONE NUMBER

EVENING TELEPHONE NUMBER

**Section III. Service Area and Populations Served**

Briefly define and describe the geographic area of this project and the targeted populations the project will serve. Attach a map showing the boundaries of the service area and project location.



**Section IV. Description of the Proposed Project**

Briefly summarize the project you intend to submit for participation in the Neighborhood Assistance Program. Describe the performance targets and NAP program outcomes you plan to address as well as the function and operation of the project.

**Section V. Statement of Intent & Notarization****STATEMENT OF INTENT TO SUBMIT APPLICATION TO THE DEPARTMENT OF ECONOMIC**

**DEVELOPMENT, NAP:** I have examined this request in its entirety and believe it to be an accurate description of the project to be submitted by this organization for the purpose of securing support through the Neighborhood Assistance Program administered by the Missouri Department of Economic Development. In the event that the proposed project is significantly altered and information contained herein is no longer accurate, I understand that a new local government certification will be required.

<b>MUST BE SIGNED IN PRESENCE OF NOTARY</b>	<b>Signature of Executive Director</b> ➔		<b>Date</b>
Notary Public Embosser Seal or Black Ink Rubber Stamp Seal	State of _____		County (or City of St. Louis)
	Subscribed and sworn before me, this _____ Day of _____ Year _____		
	Notary Public Signature	My Commission Expires _____	Use Rubber Stamp Here
	Notary Public Name (Typed or Printed)		

**Section VI. Local Government Certification**

On behalf of the following unit of government: _____, I _____		
(Community) (Name)		
have determined, based upon the information presented herein, that the project: <input type="checkbox"/> does <input type="checkbox"/> does not appear to conflict with		
NAME	TITLE	
AGENCY	TELEPHONE	
SIGNATURE ➔	DATE	

*Local Government Certification*  
(page 2 of 2)

## SITE CONTROL

We understand that our organization must be able to demonstrate that we either presently have control, or will be able to secure control, of the site where our proposed capital campaign project will take place.

*Documentation is attached for whichever item is checked below:*

- ☐ 1. Evidence that the applicant owns the property (Original title not required).
  - ☐ Mortgage Insurance Statement
  - ☐ Title or Warranty Deed
- ☐ 2. A copy of an executed lease agreement (minimum 5 year agreement). A draft document will not satisfy this requirement.
- ☐ 3. Legal option to purchase or lease the property from the present owner if the project receives NAP credit approval. The language may stipulate various options depending on the approved tax credit amount. A draft document will not satisfy this requirement.
- ☐ 4. Contingency contract with the current owner stipulating that the property will either be contributed outright or sold to the organization at a discount if, and when, the project receives NAP approval. A draft document will not satisfy this requirement.\*

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In an effort to assist you, we have provided the following examples of contingency language:

- If the project is approved at the 50% level, the property owner may require a larger cash payment in addition to receiving credits for the discounted amount.\*
- If the project is approved at the 70% credit level, the property owner may elect to receive a smaller cash payment, and discount the remainder of the property value in exchange for 70% credits.
- The property owner may require full cash payment for the property, regardless of any amount of credit being offered. If this option is chosen, appraisals are not required by NAP, since the buyer and the seller have the responsibility to negotiate a fair market price for purchase of the property.
- The property owner may choose to donate the property entirely or sell it at a discount without the benefit of the NAP tax credit, claiming only a federal charitable contribution deduction (if allowable).

*\* If credits are to be awarded on the amount of discount offered by the owner, the value of the property must be based on the lesser of the two qualified independent appraisals (i.e. conducted by state-certified or state-licensed appraisers.)*

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### Building Usage

☐ Using the space below, please identify any other occupants in the facility and indicate if they are involved in the administration of the project as outlined in the NAP application. If they are not involved in the proposed NAP project, indicate what percentage of the space will be utilized by non-project related activity. The nonprofit organization administering the NAP project must occupy at least 50% of the building space.

## CERTIFICATION

- I certify that I am an authorized representative of the applicant and as such am authorized to make the statement of affirmation contained herein.
- I certify that the applicant does NOT employ illegal aliens and that the applicant has complied with federal law (8 U.S.C. § 1324a) requiring the examination of an appropriate document or documents to verify that an individual is not an unauthorized alien.
- I understand that if the applicant is found to have employed an illegal alien in Missouri and did not, for that employee examine the document(s) required by federal law, that the applicant shall be ineligible for any state-administered or subsidized tax credit, tax abatement or loan for a period of five years following any such finding.
- I attest that I have read and understand the Neighborhood Assistance Tax Credit Program guidelines, specifically as it relates to the Tax Credit Accountability Act of 2004 (SB 1099).
- I hereby agree to allow representatives of the Department of Economic Development access to the property and applicable records as may be necessary for the administration of this program.
- I certify under penalties of perjury that the above statements and information contained in the application and attachments are complete, true, and correct to the best of my knowledge and belief.

Name*	Title
Signature	Date

STATE OF MISSOURI )  
) ss.  
COUNTY/CITY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_, before me, \_\_\_\_\_, a Notary Public in and for said state, personally appeared \_\_\_\_\_, known to me to be the person who executed the Certification and acknowledged and states on his/her oath to me that he/she executed the same for the purposes therein stated.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

\*This application must be submitted by the agency's director as listed on the first page of this application.

### **Please Note:**

- **The Neighborhood Assistance Program (NAP) retains the right to accept, reject, or negotiate, in whole or in part, any or all applications received.**
- **The Neighborhood Assistance Program (NAP) reserves the right to vary the provisions, set forth herein, at any time prior to the execution of a contract where NAP deems such variance to be in the best interest of NAP.**
- **This application is designed to solicit potential projects that meet the targeted performance results of the Neighborhood Assistance Program (NAP), to provide information to allow for a fair selection of projects, and to facilitate the monitoring and evaluation of and assistance to the projects which are selected.**

## NAP APPLICATION CHECKLIST

Upon completing the application, carefully check this list to make sure you have not overlooked any of the required items. A complete proposal consists of **one** copy of each of the following:

- ☐ **Application**
  - ☐ Pages A1-A3
  - ☐ Answers to questions (Either Capital Campaign questions 1-5 **or** Service Delivery 1-7 **and** All Projects 1-7)
  - ☐ NAP Budget Page
  - ☐ Articles of Incorporation
- ☐ **Attachment A--Current Board Members**
  - ☐ A copy of the form provided.
- ☐ **Attachment B--Letters of Support.**
  - ☐ A copy of the form provided.
  - ☐ At least 3 letters of support
- ☐ **Attachment C—Local Government Certification**
  - ☐ Copy of form provided.
  - ☐ Map of geographical service area and project location.
- ☐ **Attachment D--Site Control Document (Only required if project is property acquisition, construction or renovation.)**
  - ☐ A copy of the form provided.
  - ☐ A copy of the required documentation.
- ☐ **Certification**
  - ☐ Copy of form attached.

Note: The application must contain the executive director's original signature and notary on page A11.

### **\*REMINDER\***

**KEEP A COPY OF THE ENTIRE COMPLETED APPLICATION (INCLUDING ALL ATTACHMENTS) FOR YOUR OWN RECORDS.**

**Carefully check your entire application to be sure you have not overlooked any required information or attachments. The checklist is being provided for this purpose. It is necessary for you to provide all documentation that NAP has requested in order for proper consideration to be given to your proposal. Failure to submit all required documentation will result in the disqualification of your proposal.**